

AMENDMENT TRANSMITTAL FORM

In re Application of: Dirk Schmidt et al.
 Serial No.: 10/594,866
 Filed: 09/26/06

Examiner: Terry C. Chau
 Group Art Unit: 3655

For: **SYSTEM FOR LUBRICATING A CLOSING MECHANISM, A CLOSING BAR AND CLOSING HOOK**

Commissioner for Patents
 Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

- ☐ Small entity status of this application under 37 CFR §1.9 and §1.27 has been established by a verified statement previously submitted.
- ☐ No additional fee is required.

The fee has been calculated as shown below:

	Column 1 Claims Remaining After Amend- ment		Column 2 Highest No. Previously Paid For	Column 3 Present Extra Claims	Small Entity Rate	Small Entity Additional Fee	or	Other Than Small Entity Rate	Other Than Small Entity Additional Fee
Total*	22	-	21	= 1	x \$ 26	\$		x \$ 52	\$ 52.00
Indep.*	3	-	3	= 0	x \$ 100	\$		x \$ 220	\$
Multiple Dep. Claim					+ \$ 195			+ \$ 390	\$
TOTAL ADDITIONAL FEES					TOTAL \$		or		TOTAL \$ 52.00

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the *Highest Number Previously Paid For* IN THIS SPACE is less than 20, write "20" in this space.

*** If the *Highest Number Previously Paid for* IN THIS SPACE is less than 3, write "3" in this space.

The *Highest Number Previously Paid For* (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

- ☐ Please charge Deposit Account No. _____ in the amount of \$ _____.
 A DUPLICATE OF THIS SHEET IS ATTACHED.
- ☐ A check in the amount of \$ _____ is attached.
- ☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 08-3150.
- ☒ Any filing fees under 37 CFR §11.16 for the presentation of extra claims in the event sufficient payment is not enclosed.
- ☐ Any patent application processing fees under 37 CFR §1.17.

Date: _____

By: _____


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